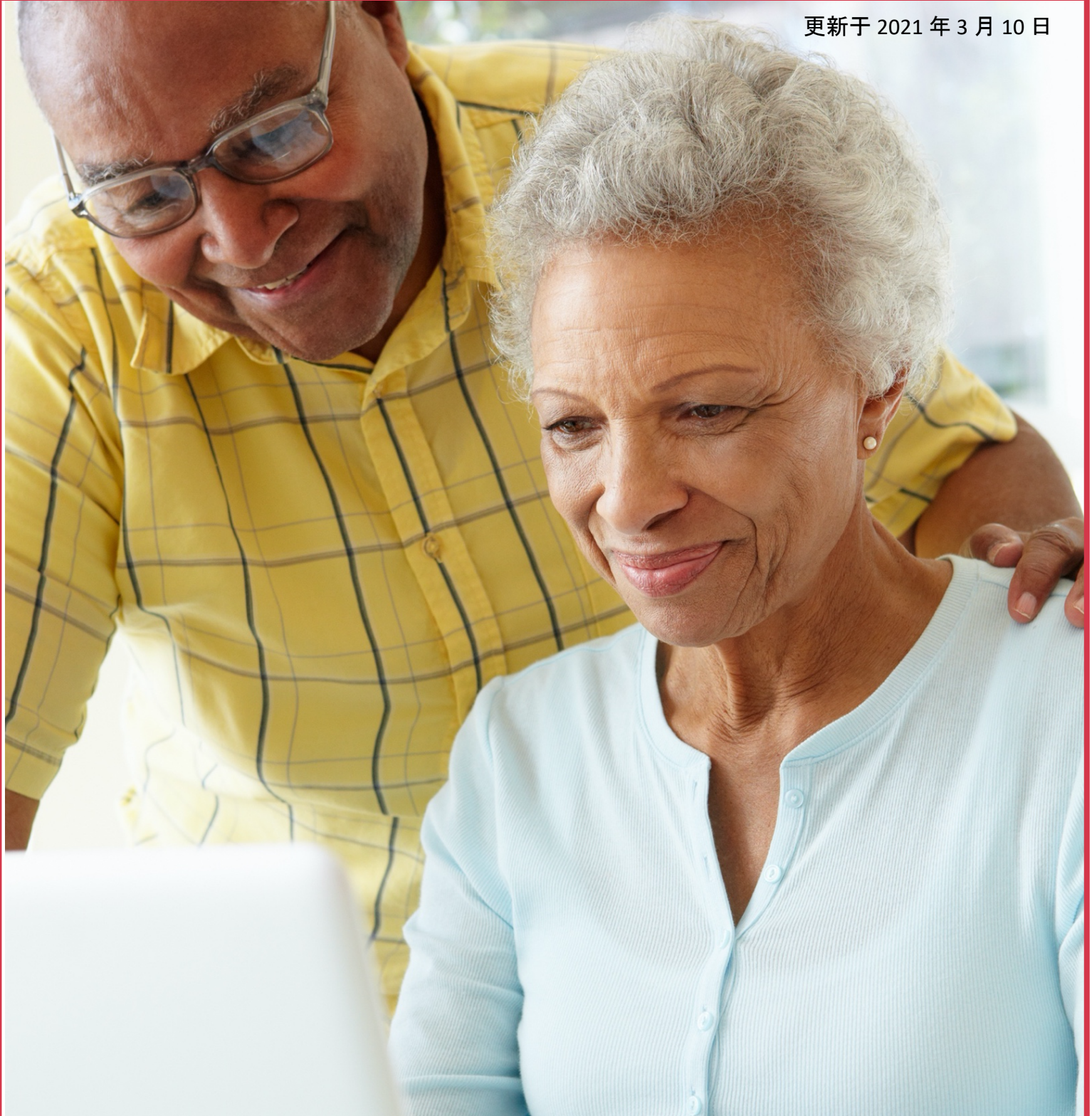


COVID-19/冠状病毒疫苗接种 预注册指南

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COVID-19/冠状病毒疫苗接种 预注册指南

哥伦比亚特区卫生部 (DC Health) 在 COVID-19/冠状病毒疫苗分配规划方面继续取得进展。我们现与联邦政府和哥伦比亚特区的本地伙伴合作，以规划 COVID-19/冠状病毒疫苗可用剂量的分配。

您必须预先注册预约以接种疫苗。

请使用本指南，来为您在在线预注册预约的整个流程中提供帮助。

在您开始之前：

请查看并收集完成预注册所需的信息。

人口详情：
种族、族裔、性别、年龄

病史：
当前的医疗状况，
过敏信息

COVID-19/冠状病毒
病史：
感染，测试或疫苗接种

联系信息：
地址，电话和/或电子邮件

如果您无法访问在线疫苗门户网站或无法接入互联网，请致电 855-363-0333 联系哥伦比亚特区呼叫中心，以获得疫苗注册方面的协助。

如何在线预注册疫苗接种

1. 打开网站 vaccinate.dc.gov, 单击绿色按钮 “在此处预注册”以开始预注册

The screenshot shows the homepage of the Government of the District of Columbia's vaccination portal. At the top, there is a navigation bar with links to Home, Phase Two, Testing, Vaccine, DC CAN, Recovery, Food, Utilities, Data, Operating Status, Health Guidance, and News. A search bar and a language selection dropdown are also present. The main content area features a large green button labeled "Get Pre-Registered Here" and a red callout box with the text "在此处预注册". Below the button, there are links to "Sign up to get vaccine updates here" and "Learn more about the COVID-19 vaccines". A note at the bottom states: "Note: For the best experience, please use a modern web browser such as Chrome, Safari, Edge, or Firefox. Internet Explorer will not work. Your computer should also be using the following operating system: Windows 7, 8.1, 10 and above and iOS Leopard and above (Version 11)."



注意：为了获得最佳体验，请使用现代网络浏览器，例如 **Chrome、Safari、Edge 或 Firefox**。Internet Explorer 不可用。

您的电脑还应使用以下操作系统：Windows 7、8.1、10 和更高版本以及 iOS Leopard 和更高版本（版本11）。

2. 现在您已进入 COVID-19/冠状病毒疫苗接种预注册门户网站。

准备就绪后，单击“接受问卷调查”。


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Staff Sign In


WE ARE
GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

COVID-19 Vaccination Pre-Registration


To pre-register for a COVID-19 vaccination, please fill in the required questionnaire so that DC Health can gather information regarding your readiness for a COVID-19 vaccination. Once you have registered, DC Health will contact you when it is time for you to book your vaccination appointment. You will need to provide the following details:




Demographic details
Such as race, ethnicity, gender, age



Medical history
Current/past ailments and allergy information



COVID-19 history
History of any COVID-19 infections, testing or vaccinations

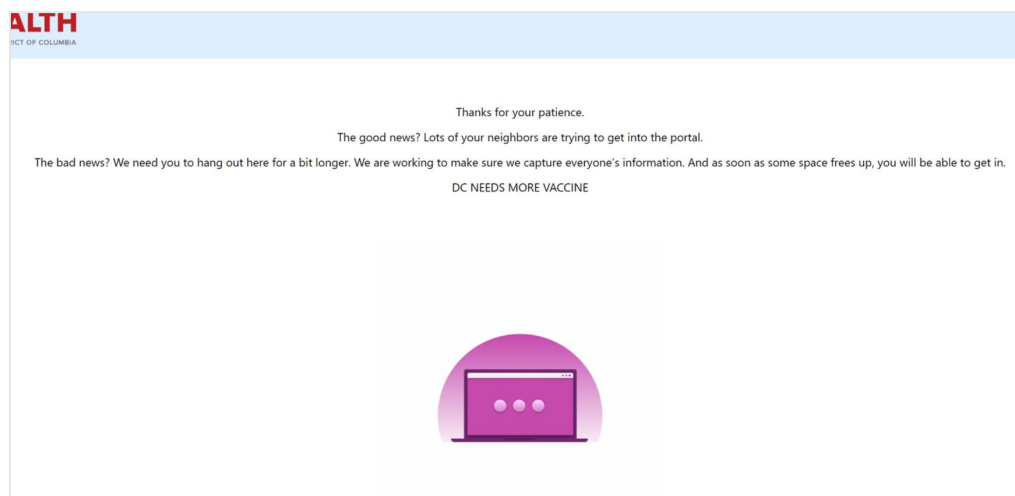


Contact information
Your contact details

接受问卷调查

Take Questionnaire

某些情况下，如果同时有太多人尝试进行预注册，您可能会收到以下通知。请稍等片刻，一有空档您就可以进入预注册门户网站。请不要离开此页面。



3. 请完成所有带有红色星号 * 的问题。

首先，请回答您是哥伦比亚特区居民还是在此工作的非居民。

单击复选框右侧的向下箭头 (▼)。

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This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety.

Are you a District Resident or Work in the District of Columbia? *

本问卷调查旨在收集有关您对 COVID-19/冠状病毒疫苗接种准备程度的信息，并提供指导和指示以确保您的安全。

您是哥伦比亚特区居民，或是在哥伦比亚特区工作吗？

接下来，您将填写与工作相关的问题，包括您所从事的行业，您目前是否亲身上班，以及您的雇主信息和工作地址。

请注意，如果您选择“不，我不工作” - 您则不需要提供雇主信息或工作地址。

Work-related Information

Are you required to report in to work in Person? *

No

Do you work in one of the following settings? *

Grocery Store

工作相关信息

是否

您是否隶属以下劳动清单。

Employer Information

Employer Name *

Employer Address *

Employer City *

Employer State *

Employer Zip Code *

雇主名称

雇主地址

雇主城市

雇主所在州

雇主邮递区号

英文	中文
Healthcare (to include Veterinary Care)	医疗保健（包括兽医护理）
Grocery Store	超级市场
Food Packaging and Distribution	食品包装与分配
Manufacturing	制造业
Outreach workers in health, human, or social services	卫生，人类或社会服务领域的外展工作者
K-12 Education	K-12教育者
Child Care	育儿
Law Enforcement/Public Safety	执法/公共安全
Correctional Facility/Detention Center	惩教所/拘留所
Courts and Legal Services	法院和法律服务
Food Service	餐饮服务
Public (Mass) Transit	公共（大众）运输
US Postal Service	美国邮政服务
Local Government Agency	地方政府机构
Federal Government Agency	联邦政府机构
Non-Public Transit Transportation Services (i.e. For-Hire Vehicles such as Taxi, Uber, Lyft)	非公共交通服务 (出租车, Uber, Lyft等车辆)
Logistics/Delivery Services (i.e. UPS, FedEx)	物流/送货服务（即UPS, FedEx）
Construction	营造
Institution of Higher Education (i.e. colleges, universities, trade schools)	高等教育机构（即学院，大学，贸易，学校）
Information Technology	信息技术
Media and Mass Communications	媒体与大众传播
Public Works and Public Utilities	公共工程和公用事业
No, I do not	不，我没有

4. 现在, 您将提供医疗信息, 以确保您能安全地接种疫苗。系统会问您是否在接种疫苗之前生过病, 以及这是否是您的第一剂COVID-19/冠状病毒疫苗。

接下来, 查看医疗状况列表。如果您在列表中看到自己的状况, 请选择“是”。

Medical & Preference Information

Have you had any severe reaction to a vaccine before?

☒ No ☐ Yes

Will this be your first COVID-19 vaccine dose?

☐ No ☒ Yes

Have you been diagnosed with one of the following medical conditions by your healthcare provider?

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD), and other Chronic Lung Disease
- Bone Marrow and Solid Organ Transplantation
- Cancer
- Cerebrovascular Disease
- Chronic Kidney Disease
- Congenital Heart Disease
- Diabetes Mellitus
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, and Cardiomyopathies
- HIV
- Hypertension
- Immunocompromised State
- Inherited Metabolic Disorders
- Intellectual and Developmental Disabilities
- Liver Disease
- Neurologic Conditions
- Obesity, BMI ≥ 30 kg/m²
- Pregnancy
- Severe Genetic Disorders
- Sickle Cell Disease
- Thalassemia

Do you have a preference for one of the COVID-19 vaccines? *

No Preference

您之前对疫苗有过严重反应吗?

这是您接种的第一剂COVID-19/冠状病毒疫苗么?

请问您是否经医护人员诊断具有以下医疗状况?

- 哮喘
- 慢性阻塞性肺病 (COPD) 和其他慢性肺部疾病
- 骨髓和实体器官移植
- 癌症
- 脑血管疾病
- 慢性肾病
- 先天性心脏病
- 糖尿病
- 心脏病, 例如心力衰竭、冠状动脉疾病或心肌病
- 艾滋病毒
- 高血压
- 免疫功能不全状态
- 遗传性代谢紊乱
- 智力和发育障碍
- 肝病
- 神经系统疾病
- 肥胖, 体重指数大于或等于 30 kg/m²
- 怀孕
- 严重遗传病
- 镰状细胞疾病
- 地中海贫血

您是否偏好接种其中一种 COVID-19/冠状病毒疫苗?

此处, 您将有机会选择一种首选疫苗。您可以从当前可用的疫苗列表中选择 - 辉瑞 (Pfizer)、莫德纳 (Moderna) 或强生公司 (Johnson and Johnson), 也可以选择“无偏好”

单击“下一步”以继续。

vaccinate.dc.gov
v.03/09/2021

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MURIEL BOWSER, MAYOR

5. 输入您的地址。在“地址查询和选取”栏开始输入您的地址。

在您输入地址的同时，会出现一个下拉列表，显示与您输入匹配的地址，以便您自动填写完整地址。

或者在第 1* 行中手动输入您的地址

The image shows a screenshot of the DC Health website's questionnaire interface. The header includes the DC Health logo and a 'Staff Sign In' link. The main content area contains instructions and several input fields for address information. Red callout boxes with Chinese text point to specific fields:

- 地址查询和选取（请开始输入您的地址）**: Points to the 'Address Search & Select' input field.
- 地址第 1 行**: Points to the 'Address Line 1' input field.
- 公寓号、套房号、单元号**: Points to the 'Apartment, Suite, Unit Number' input field.
- 城市**: Points to the 'City' input field.
- 州**: Points to the 'State' dropdown menu.
- 邮政编码**: Points to the 'Zip Code' input field.

The form fields are labeled as follows:

- Address Search & Select (just start typing your address)
- Address Line 1 *
- Apartment, Suite, Unit Number
- City *
- State *
- Zip Code *

6. 输入您的姓名，人口详情和出生日期。

个人信息

Personal Information

First Name *

Middle Name

Last Name *

Gender *

Race *

If other race, please specify

Please describe your ethnicity *

Please provide your date of birth.

Month *

Day *

Year *

英文	中文
Black or African-American	黑人或非裔美国人
White	白人
Asian	亚洲人
American Indian or Alaska Native	美洲印第安人或阿拉斯加原住民
Native Hawaiian or Other Pacific Islander	夏威夷原住民或其他太平洋岛民
Other Race	其他种族
Prefer not to specify	不愿意指定
Unknown/Undetermined	未知/不确定

7. 现在，您将提供首选的联系方式。

如果您没有电子邮件，请单击“我没有电子邮件地址”旁的复选框

或者，如果您倾向电话沟通，请选择“当您可以预约时，您需要我们给您打电话吗？”的复选框

输入您的电子邮件（如有）和电话号码。

然后，选择您的首选语言。

The screenshot shows a 'Communication' form with the following fields and annotations:

- Communication**
 - ☐ I do not have an email address (Annotated: 我没有电子邮件)
 - ☐ Do you need us to call you when it's time to book your appointment? (Annotated: 如果轮到您预约，您是否需要我们致电告知？)
 - Email Address *** (Annotated: 电子邮件地址)
 - Confirm Email Address *** (Annotated: 确认电子邮件地址)
 - Phone Number *** (Annotated: 电话号码)
 - Mobile Phone Number (standard charges may apply)** (Annotated: 手机号码 (可能收取标准费用))
 - What language would you like us to use when we communicate with you?** (Annotated: 请问我们与您通信时，您希望使用何种语言？)
- Secondary Contact**
 - List a secondary email address for anyone who should receive a copy of any communication with you.
 - Email Address** (Annotated: 为可能收到我们与您的所有通信副本的人提供辅助电子邮件地址。)
- Navigation:** Previous, Next



如果您有第二个联系人，或者代表家庭成员或朋友填写此表格，则可以在此处添加第二个电子邮件地址，以接收电子邮件确认和预约通知。

单击“下一步”以继续。

8. 在下一页面，系统将提示您验证信息。检查此表格以确保所有内容均正确无误。

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Staff Sign In

This questionnaire is designed to gather information regarding your readiness for COVID-19 vaccination, and offer guidance and instruction to ensure your safety.
Please verify your information below.

Personal Information

First Name * Derek	Middle Name -
Last Name * Drew	Birth Date (DOB) * 1/1/1952
Gender * Male	Race * White
If other race, please specify. -	Ethnicity * Prefer not to specify
Email Address * derek@email.com	Secondary Contact Email Address -
Phone Number * 202-292-0935	Mobile Phone Number -

Address

Address Line 1 * 21 Quincy PI NE	Apartment, Suite, Unit Number -
City * Washington	State * District of Columbia 20002
Zip Code * 20003	

By clicking "next" you agree that the above information is accurate. You also agree to DC Health's privacy policy. By providing your information, you authorize us to share your personally identifiable information with our healthcare partners involved in the District's vaccination program. A copy of our privacy policy can be found by clicking [here](#).

☐ I verify that the above information is accurate *

Previous

Next

如果信息不正确，请单击“上一步”返回表格并进行更改。



如果信息正确无误，请单击“我确认上述信息正确无误”旁的复选框，然后选择“下一步”。

单击“下一步”以继续。

祝贺您，您已经成功预注册了COVID-19/冠状病毒疫苗！

Thank you for pre-registering, Derek!



You are now on the list.

Derek Drew:

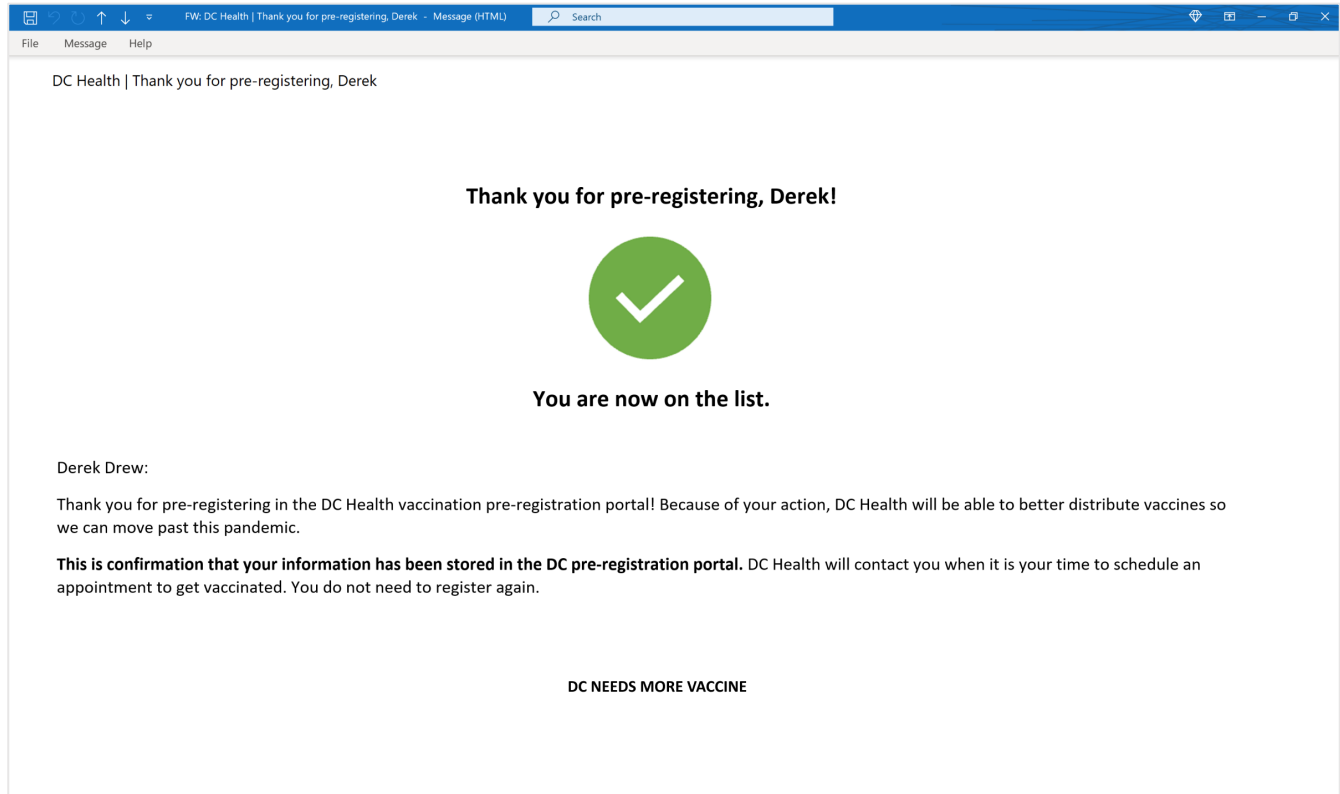
Thank you for pre-registering in the DC Health vaccination pre-registration portal! Because of your action, DC Health will be able to better distribute vaccines so we can move past this pandemic.

This is confirmation that your information has been stored in the DC pre-registration portal. DC Health will contact you when it is your time to schedule an appointment to get vaccinated. You do not need to register again.

电子邮件确认

取决于您预注册的时间，您会收到一封电子邮件，确认您已被加入名单。（还请检查您的 JUNK 和 SPAM 垃圾邮件文件夹。）

如果 24 小时后您仍没有收到确认电子邮件，请发送电子邮件至 vaccinatedc@dc.gov 以寻求协助。



进一步协助

如果您遇到任何困难，请发送电子邮件至
vaccinatedc@dc.gov以获取支持。

您也可以致电 855-363-0333 联系哥伦比亚特区呼叫中心，以获得疫苗预注册方面的协助。

如需通过电子邮件接收提示或通过短信接收日后公告，
请访问 vaccinate.dc.gov。